

DEPARTMENT OF HEALTH SERVICES

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January 31, 2000

Ms. Nancy-Ann Min DeParle, Administrator
Health Care Financing Administration
200 Independence Avenue, SW
Room 314-G
Washington, DC 20201

Dear Ms. DeParle:

**SECTION 1115 WAIVER MEDICAID DEMONSTRATION PROJECT FOR
FAMILY PACT (FAMILY PLANNING, ACCESS, CARE, and TREATMENT) PROGRAM
PROPOSED EXPANSION**

The California Department of Health Services (DHS) intends to request an amendment to the above referenced Demonstration Project to allow for expansion of the Waiver Program.

The two subject areas proposed for this expansion are: 1) the provision of measles, mumps and rubella (MMR) immunizations to women; and 2) the provision of services to sexually active persons of reproductive age, who may not currently be at risk for pregnancy. The enclosure delineates the DHS rationale for adding MMR and expanding the current population being served.


The California Budget Trailer Bill language that enabled OHS to pursue the Family PACT Waiver Proposal (Trailer Bill AB 1107) required DHS to propose the referenced expansions within 60 days of HCFA's approval of the waiver. The Department also requests HCFA's assessment of the feasibility of adding Tetanus and diphtheria immunizations to the waiver.

DHS is requesting that the Health Care Financing Administration (HCFA) entertain approval of these waiver amendments in the immediate future. In addition, we request that HCFA provide direction, guidance, and assistance to us in the development of the amendments and approvability of these amendments by the Federal Government.

Nancy-Ann Min DeParle
Page 2
January 31, 2000

The expansion of the Family PACT Waiver Program is another opportunity to enhance the reproductive health of Californians and avert future medical costs to the Medicaid Program. If there are questions or you require information, please do not hesitate to contact me at (916) 654-0391 or Mr. Joseph A. Kelly, Chief, Medi-Cal Policy Division, at (916) 657-1542.

Sincerely,


Stan Rosenstein
Acting Deputy Director
Medical Care Services

Enclosure

cc: Mr. Timothy M. Westmoreland, Director
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✓ Ms. Linda Minamoto
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Family PACT (Family Planning, Access, Care and Treatment) Waiver Program

Section 1115 Waiver Medicaid Demonstration Project

Proposed Expansion

Add to the Family PACT benefits package, measles, mumps and rubella (MMR) immunizations for female clients.

Rationale

1. Family PACT includes the provision of preconception care services to evaluate and support the attainment of optimal health in men and women considering pregnancy. The standard of practice for preconception care includes the evaluation of a woman's immunization status and the provision of needed immunizations.
 2. Preventive health care for women of childbearing years enhances health promotion and disease prevention thus reducing the risk of perinatal complications for both the mother and the infant. The reduced risk of complications averts potential cost to the Medicaid Program.
 3. Maternal infections early in pregnancy can have significant negative consequences. Serious infections, such as congenital rubella syndrome, are often preventable through the use of vaccines such as MMR. The failure to take preventive measures in early pregnancy often results in negative outcomes that require significant expenditures of Medicaid funds to remediate.
 4. Provision of MMR vaccination in Family PACT would reduce the pool of non-immunized women in their childbearing years.
 5. The greatest risk for rubella is among women 25 to 45 years old. In the past, lack of vaccine stability due to refrigeration issues, lack of a second dose, or lack of an initial dose was more likely to have occurred in this age group.
 6. Estimates of the seronegative status for rubella in women is difficult to obtain. Michigan demonstrated eight percent of childbearing women were seronegative. The cost of the MMR vaccine is low (\$20) compared to the cost of caring for an infant with congenital rubella syndrome. For the subject population, these costs are almost always borne by the Medicaid Program.
 7. The **U.S.** Preventive Services task force along with the American College of Obstetrics and Gynecology and the Advisory Committee on Immunization Practices highly recommend MMR vaccination for women of reproductive age.
 8. Since the standard of practice for preconception care includes the evaluation and provision of not only MMR but also Tetanus and diphtheria, the provision of other immunizations should also be considered for Family PACT clients.
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Expand Family **PACT** benefits to sexually active males and females **of** reproductive age, **who** may not currently be at risk for pregnancy.

Rationale

1. Family PACT services are often the entrance point of health care services for low-income people. The intent of the legislative language is to improve the health status of men and women of reproductive age. The fact that these persons may not currently be at risk for pregnancy does not mean that they will always not be at risk of pregnancy. Improving the health status of these persons enables better reproductive health when their circumstances change and they become at risk of pregnancy.
2. Cervical cancer screening and sexually transmitted infection (STI) screening are services that are important in preventive health care and reduce morbidity, mortality and health care costs. It is more cost effective to screen for and to provide treatment for a health condition early in the disease process rather than to wait for the disease to progress, making treatment more complicated and costly.
3. Under current Family PACT policy, once low-income clients make the decision to be sterilized, their access to preventive health care services is eliminated. This eliminates access to important yearly exams (i.e., Pap smears and breast exams) and/or access to treatment for STIs. Also, persons who have been sterilized and are frequently sexually active and maintaining the reproductive health of these persons helps to improve the overall reproductive health status of the community.
4. Reproductive health care for sexually active men and women should be made available. "At risk for pregnancy" **is** only one issue in a continuum of care for sexually active men and women.
5. Contemporary trends in public health emphasize the need for continuity of care. The exclusive provision of narrowly defined health services such **as** contraceptive care is no longer defensible as a public health alternative. Providing a baseline of preventive services is consistent with the support and promotion of healthier families.

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